

DATE: _____



COUNTY OF YORK
Department of Environmental & Development Services
Division of Development and Compliance

DEVELOPMENT APPLICATION

PROJECT NAME: _____

PROJECT STREET ADDRESS: _____ **OR** **GPIN NUMBER:** _____

PLAN DATED: _____ **Number of Plans:** _____ ☐ New ☐ Amendment ☐ Revised

TYPE PLAN: ☐ Site Plan ☐ Subdivision Plan ☐ Preliminary ☐ Development ☐ Final Plat

Zoning Class: _____ **Proposed use:** _____
(RC, RR, R20, R13, R7, RMF, YVA, NB, LB, GB, WCI, EO, IL, IG, PD) (RESIDENTIAL, COMMERCIAL, INDUSTRIAL, PUBLIC)

Total site acreage: _____ **Number of lots:** _____ **Total acreage developed:** _____

Total ft² of the proposed structure(s): _____ **Existing structure(s):** _____

APPLICANT/DEVELOPER:

ENGINEER/SURVEYOR/ARCHITECT:

Contact person _____
Company name _____
Address _____
Phone number () _____
Fax number () _____
e-mail _____

Contact person _____
Company name _____
Address _____
Phone number () _____
Fax number () _____
e-mail _____

DESCRIPTION OF THE PROJECT:

WATER SERVICE BY: _____ **SEWER SERVICE BY:** _____

- ATTACHMENTS:**
- | | |
|--|--|
| <input type="checkbox"/> TRAFFIC IMPACT STUDY (V, CP) | <input type="checkbox"/> DRAINAGE MAP (V, SW) |
| <input type="checkbox"/> VDOT CHECKLIST (V) | <input type="checkbox"/> DRAINAGE CALCULATIONS (V, SW) |
| <input type="checkbox"/> WATER QUALITY IMPACT STUDY (U) | <input type="checkbox"/> ANNOTATED COMMENTS |
| <input type="checkbox"/> TCM APPLICATION | <input type="checkbox"/> LANDSCAPE PLAN |
| <input type="checkbox"/> ENVIRONMENTAL STUDY (SW, __) | <input type="checkbox"/> HAZARDOUS WASTE MANG. STUDY |
| <input type="checkbox"/> ARCHAEOLOGICAL/ARCHITECTURAL STUDY (CP) | (F, SW, H) |
| <input type="checkbox"/> E & S NARRATIVE/COST EST. (SW) | <input type="checkbox"/> OTHER _____ |